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Abstract 122

TITLE: Current Reproductive Health and HIV Prevention Issues for Incarcerated Women **AUTHORS:** de Ravello, Lori (Centers for Disease Control and Prevention, Atlanta, GA)

BACKGROUND: In 1997, almost 80,000 women were incarcerated in over 300 State and Federal correctional facilities, 60,000 women were held daily in county and local jails, and 748,000 female juvenile arrests were made in the United States. Although women make up less than 10% of the total jail and prison population, they are the fastest growing incarcerated population (with a rate of increase of one and a half times that of men from 1985-1995). Moreover, 6-10% of these women are pregnant upon entry, and studies indicate they have greater rates of HIV infection, syphilis, chlamydia, gonorrhea, illegal substance abuse, and mental illness relative to either their male counterparts or women in civilian society. Furthermore, with the exception of the Federal prison system, there is no authoritative body which guarantees a standard level of health care for female or male inmates across all correctional facilities. As a result, there is wide variation in the availability, type, and quality of reproductive health services for female inmates across correctional facilities.

OBJECTIVE: To provide a national overview of reproductive health and HIV prevention needs of incarcerated women.

METHODS: A review of both published and unpublished literature from 1990-1997 was conducted and the major relevant findings were summarized. Information sources included peer reviewed journals, nonpeer reviewed journals, published books, conference abstracts, unpublished CDC data, and Federal reports.

RESULTS: The available literature suggests that despite their high rates of HIV, STDs, and substance abuse and their history of low utilization of preventive health services, a substantial proportion of female inmates do not have adequate access to essential reproductive health and STD/HIV prevention services such as pregnancy testing, pre-natal care, STD/HIV screening and treatment, gynecological exams, Papanicolaou testing, HIV/AIDS prevention counseling and behavioral change counseling, abortion counseling and abortion services, well-woman care, and drug and alcohol treatment. A 1994 Bureau of Justice Statistics study of State prisons housing women found that only 85% of pregnant inmates had gynecological exam related to pregnancy upon admission, and 31% of pregnant inmates received no prenatal care while incarcerated.

CONCLUSION: Female inmates are an under-researched population who are often assumed to be equal to their male counterparts in terms of their health care and prevention needs. Although small in absolute numbers, compared to their male counterparts they are growing faster in numbers, have more complex health problems, and utilize the health care system more. Additional research is needed to identify the health care issues specific to incarcerated women, identify patterns and barriers to access and utilization of health care services while incarcerated, design behavioral interventions to address the high-risk behaviors of the female inmate, and design discharge planning and continuity of care programs for the female offender upon release.

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